IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

TITLE:

SERIAL NO:

EXAMINER:



FILED:

GROUP:

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS

[] FOR INDEPENDENT INVENTOR

As a below-named inventor, I hereby declare that I am an independent inventor who (1) has not assigned, granted, conveyed, or licensed, and (2) is under no obligation under contract or law, to assign, grant, convey, or license, any rights in the invention, to any person who could not likewise be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern or a nonprofit organization, as defined in 37 CFR 1.9.

[] FOR SMALL BUSINESS CONCERN I hereby declare that

is a business concern which qualifies as a small business concern as defined in §1.9(d) - namely, (1) whose number of employees, including those of its affiliates, does not exceed 500 persons; and (2) which has not assigned, granted, conveyed, or licensed, and is under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern or a nonprofit organization under this section; and that the exclusive rights to the invention have been conveyed to and remain with the above-identified small business concern.

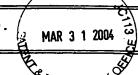
I further declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful, false statements and the like, so made, are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code, and that such willful, false statements may jeopardize the validity of the patent application or any patent issuing thereon.

SMALL BUSINESS CONCERN:
By:
Name: Alain TORNIER
Title: General Manager
Date: Dec. 6, 2003
By:
Name:
Title:
Date:



DECLARATION AND POWER OF ATTORNEY PATENT APPLICATION

ATTORNEY'S DOCKET NO.



As below named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name.

I verily believe I am the original, first and sole or joint inventor (if plural, are named below) of the invention entitled:	inventors					
PROCESS FOR THE STERILE PACKAGNING OF A PROSTHETIC IMPLANT MADE OF POLYET	HYLENE					
the specifications and drawings of which						
(check one) is attached hereto.						
was filed on <u>December 9, 2003</u> as Application Serial No. <u>10/730,276</u> was amended on <u>(if applicable)</u>						
I hereby state that I have reviewed and understood the contents of the above idenspecification and drawings, including the claims.	ntified					
I acknowledge the duty to disclose information which is known to be material to examination of this application to the Patent Office in accordance with Title 37, Federal Regulations, $\$$ 1.56.	the , Code of					
I hereby state that I do not know and do not believe that the invention which is the content of the above specification, claims and drawings was ever known or used in the United States of America before my invention thereof, or the patented or described in any printed publication in any country before my invention thereof or more than one (1) year prior to this application, that the same was not in public use or on sale in the United States of America more than one (1) year prior to this application, that the invention has not been patented or made the subject of the inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve (12) months prior to this application; and as to applications for patents or inventor's certificate on the invention filed in any country foreign to the United States of America prior to this application by me or my legal representative or assigns.						
\square no such applications have been filed, or						
🛚 such applications have been filed as follows:						
EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS AP	PLICATION					
COUNTRY CLAIMED APPLICATION NO. DATE OF FILING DATE OF ISSUE PR						

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS APPLICATION					
. COUNTRY CLAIMED	APPLICATION NO.	DATE OF FILING (DAY, MO.,YR.)	DATE OF ISSUE (DAY, MO.,YR.)	PRIORITY UNDER 35 USC 119	
FRANCE	02 15600	10/12/2002		yes 🖾 no 🗆	
				YES NO	
ALL FOREIGN APPLICATIONS, IF ANY, FILED MORE THAN 12 MONTHS PRIOR TO THIS APPLICATION					
		•			
					
<u> </u>					

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent

and Trademark Office connected therewith. The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from <u>CABINET LAVOIX-LYON</u> as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the person's from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

RALPH A. DOWELL

REG.NO. (26,868)

A. YATES DOWELL, III

REG.NO. (28,070)

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 $(703)^{-4}15-2555$

(703)	415-2555			10EMPSY OF
	FULL NAME OF INVENTOR	FAMILY NAME TORNIER	FIRST GIVEN NAME Alain	SECOND GIVEN NAME
201	RESIDENCE & CITIZENSHIP	CITY SAINT ISMIER	STATE OR FOREIGN COUNTRY FRANCE	COUNTRY OF CITIZENSHIP FRANCE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 299 chemin du Buttit	CITY SAINT ISMIER	STATE & ZIP CODE/COUNTRY 38330 FRANCE
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
202	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
203	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE : ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
- 		
Dec. 6, 2003	DATE	DATE